Genetic Epidemiology of Prostate Cancer in Africa - Questionnaire for Ghana-Korle-Bu Hospital and 37 Military Hospital

Please complete the following information about yourself.

You may estimate dates and ages if necessary.

Participant ID: ☐☐ - ☐ - ☐ - ☐☐☐☐

SECTION A: DEMOGRAPHICS

1. What is your date of birth? _____/_____/_____ (Day/Month/Year)

2. What is your Father and Mother's ethnicity? Please check the appropriate box(es).

Father	Mother
☐ Akan	☐ Akan
☐ Ga-Dangme	☐ Ga-Dangme
☐ Ewe	☐ Ewe
☐ Guan	☐ Guan
☐ Gurma	☐ Gurma
☐ Mole-Dagbani	☐ Mole-Dagbani
☐ Grusi	☐ Grusi
☐ Mande	☐ Mande
☐ Other	☐ Other

If Other, describe _____

3. What is the highest level of education that you have completed?

☐ No Formal Education
☐ 0-4 years of schooling
☐ 5-12 years of schooling
☐ Some secondary schooling
☐ Senior secondary schooling (completed high school or equivalent)
☐ Post-high school training (eg. Vocational or technical training)
☐ Some college (pre-degree, diploma, Certificate, Ordinary National Diploma)
☐ College graduate (Bachelor's degree, Higher National Diploma)
☐ Other

4. What is your current employment status?

☐ Currently employed
☐ Volunteer work
☐ Unemployed/Looking for a job
☐ Retired from professional work
☐ Other →

Describe _____

5. Which category best describes your primary occupation/current or longest held position?

☐ Professional (e.g. Doctor, Lawyer, Accountant, Teacher, Computer/systems analyst etc)
☐ Managerial (e.g. personnel manager, sales manager etc)
☐ Technical/Sales / Administrative Support / Office Worker (e.g. computer programmer/operator, dental assistant, laboratory technician, sales clerk, cashier, word processor etc)
☐ Service (e.g. policeman, firefighter, postal worker, teaching assistant etc)
☐ Operators/fabricators & laborers (e.g. factory, assembly, truck driver, construction worker etc)
☐ Farmer (e.g. agricultural)
☐ Artisan (e.g. tailor, craftsmen, carpenter, etc)
☐ Other →

Describe _____

6. What is your household's current average monthly income (GH₵)

☐ Up to 500 per month
☐ 501 – 1000 per month
☐ 1001 – 2000 per month
☐ 2001 – 3000 per month
☐ 3001 – 4500 per month
☐ 4501 – 6000 per month
☐ 6001 – 7500 per month
☐ 7501 – 10000 per month
☐ >10000 per month
☐ Chose not to answer

7. How do you usually pay for medical care? Please check all that apply.

☐ On your own
☐ With help from family or friends
☐ With medical insurance
☐ With subsidy from the government
☐ With some other source
☐ Don't know

8. What is your current marital status?

☐ Single
☐ Married
☐ Divorced
☐ Separated
☐ Widowed

9. If you have ever been married:

a. How many times have you been married? _____

b. How many committed wives/partners do you currently have? _____

c. How old were you at the time of your first marriage? _____

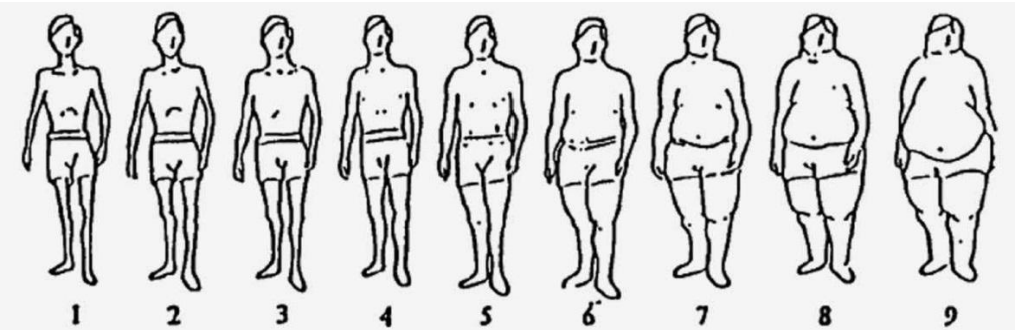
SECTION B: ANTHROPOMETRICS / HEALTH

1. What is your current height? _____ centimeters

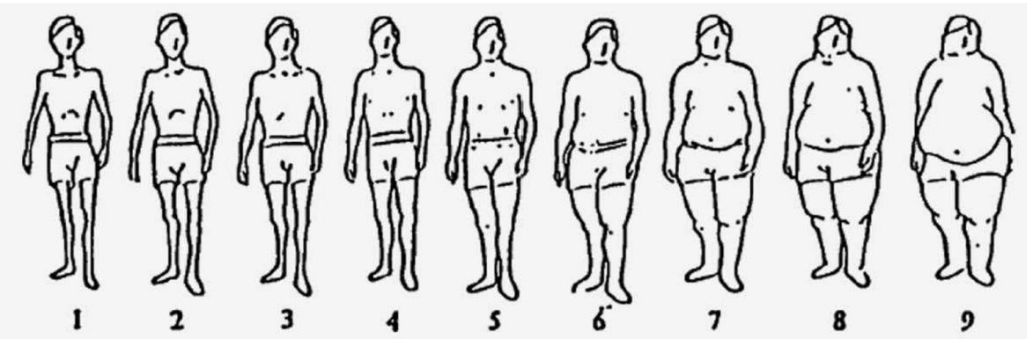
2. What is the tallest you have ever been in your life? _____ centimeters

3. Please look carefully at the pictures below and circle the individual that best describes your current and previous body type(s) at each specific age.

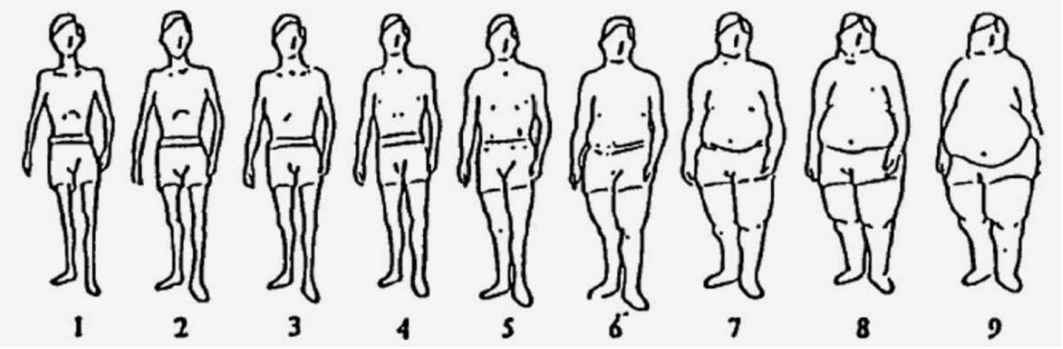
Age 20



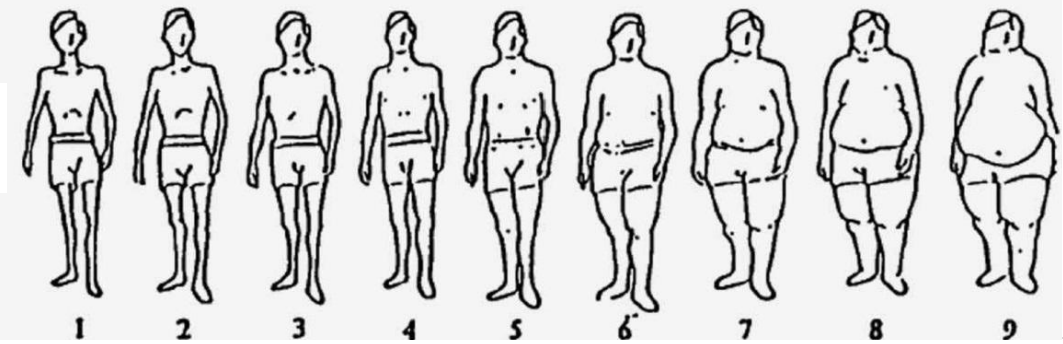
Age 30



Age 40



Age 50



4. What is your current weight? _____ kilograms

5. What is your current waist/belt size? _____centimeters

6. What is the most that you have ever weighed in your life? _____ kilograms

7. In the past 5 years have you lost at least 5 kilograms?

☐ Yes
☐ No
☐ Don't know

If yes:

How many kilograms did you lose? _____ kilograms

8. If you have lost at least 5 kilograms in the last year was the loss intentional?

☐ Yes
☐ No
☐ Don't know

9. In the past 5 years have you gained at least 5 kilograms?

☐ Yes
☐ No
☐ Don't know

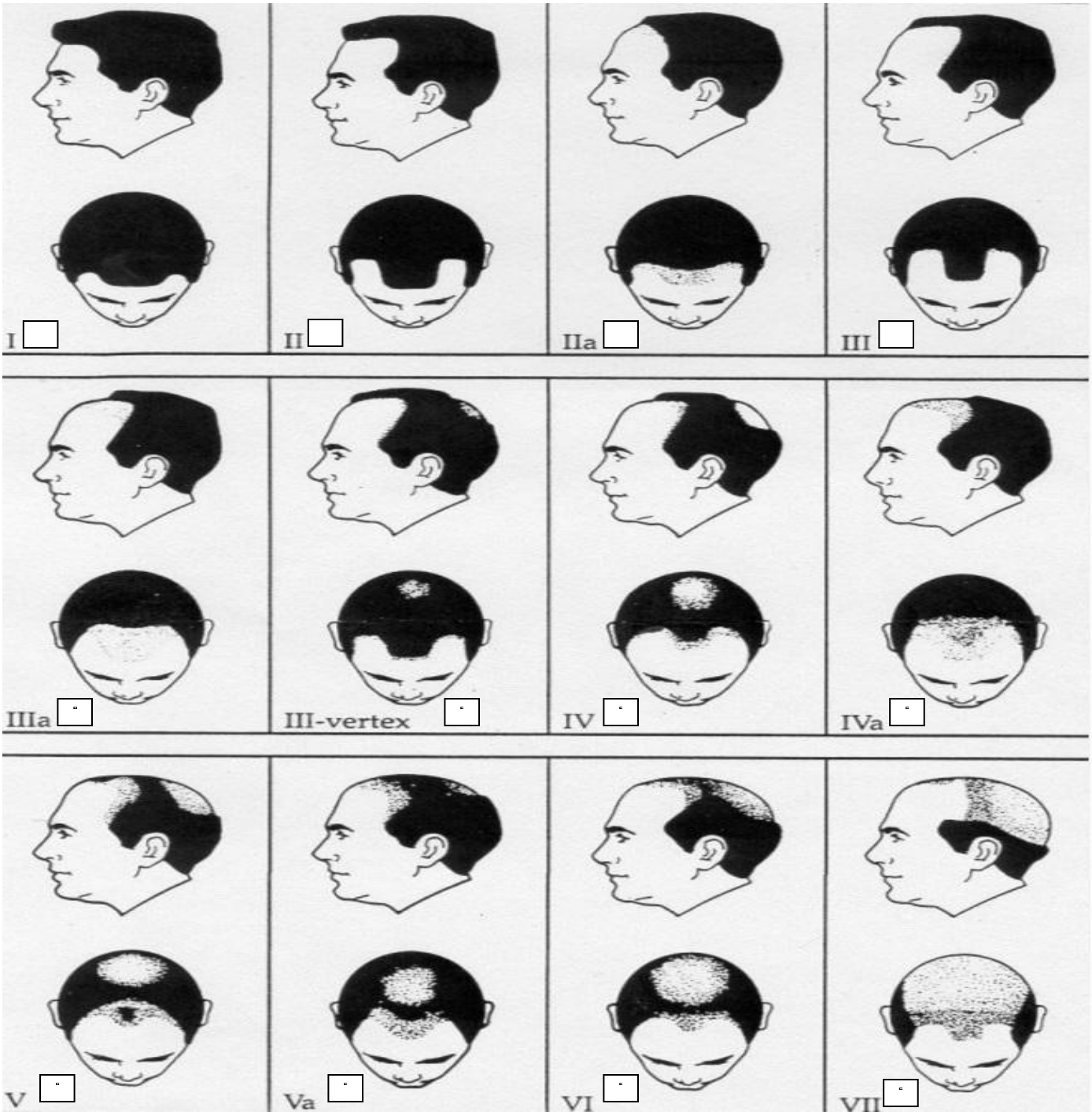
If yes:

How many kilograms did you gain? _____ kilograms

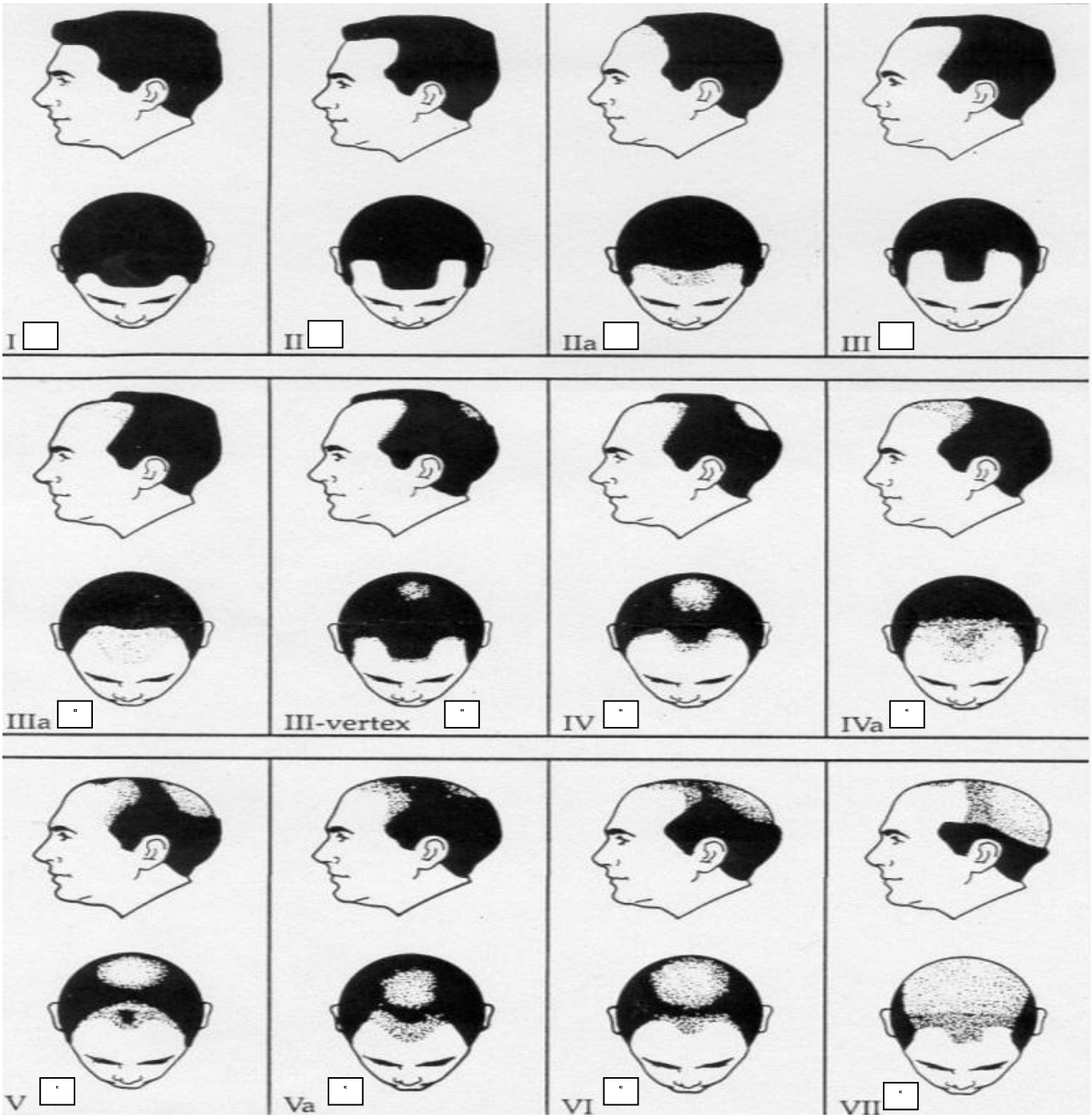
10. If you have gained more than 5 kilograms in the last year was the gain intentional?

☐ Yes
☐ No
☐ Don't know

11. Please look carefully at the pictures below and check the box for the two images that best describes your hair patterns <u>AT AGE 30</u>



12. Please look carefully at the pictures below and record the set that best describes your hair patterns <u>AT AGE 45 (For participants aged 45 years or older)</u>



SECTION C: PHYSICAL ACTIVITY & LIFESTYLE

1. Does your household work, or occupation (if still working) involve vigorous-intensity activity that causes large increases in your breathing or heart rate (for example carrying or lifting heaving loads, digging or construction work) for at least 10 minutes continuously?

☐ Yes
☐ No

If yes,

a. In a typical week, how many days do you engage in vigorous-intensity activities as part of your job/work/task?
_____ Number of days

b. How much time at work do you spend doing vigorous-intensity on a typical day when you engage in vigorous-intensity activities?
_____ hours _____ minutes

2. Does your household work or occupation (if still working) involve moderate-intensity activity that causes small to moderate increases in breathing or heart rate such as brisk walking or carrying light loads for at least 10 minutes continuously?

☐ Yes
☐ No

If yes,

a. In a typical week, how many days do you engage in moderate-intensity activities as part of your typical day?
_____ Number of days

b. How much time do you spend doing moderate-intensity activities on a typical day when you engage in moderate-intensity activities?
_____ hours _____ minutes

3. Do you walk or use a bicycle for at least 10 minutes continuously to get to and from places?

☐ Yes
☐ No

If yes,

a. In a typical week, on how many days do you walk or bicycle for at least 10 minutes continuously to get to and from places?
_____ Number of days

b. How much time do you spend walking or bicycling for travel on a typical day? _____ hours _____ minutes

4. Do you do any vigorous-intensity sports, fitness or recreational (leisure) activities that cause large increases in breathing or heart rate (like running, swimming or football) for at least 10 minutes continuously?

☐ Yes
☐ No

If yes,

a. In a typical week, how many days do you do vigorous-intensity sports, fitness or recreational (leisure) activities?

_____ Number of days

b. How much time do you spend doing vigorous-intensity sports, fitness or recreational (leisure) activities on a typical day when you engage in such activities?

_____ hours _____ minutes

5. Do you do any moderate-intensity sports, fitness or recreational (leisure) activities that cause a small increase in breathing or heart rate such as brisk walking, cycling, volleyball, for at least 10 minutes continuously?

☐ Yes
☐ No

If yes,

a. In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (leisure) activities?

_____ Number of days

c. How much time do you spend doing moderate-intensity sports, fitness or recreational (leisure) activities on a typical day when you engage in such activities?

b.

_____ hours _____ minutes

6. Have you ever smoked cigarettes for at least a year in your life?

- ☐ Yes (now)
- ☐ Yes (in the past)
- ☐ No, never smoked

If yes,

a. **How old were you when you started smoking?** _____ years old

b. **What is the <u>average</u> number of cigarettes you smoke(d) <u>each day</u>?** _____ cigarettes

c. **Were the cigarettes?**

- ☐ Filtered
- ☐ Non Filtered
- ☐ Don't know

7. Do you currently smoke cigarettes?

- ☐ Yes
- ☐ No

If in the past,

How old were you when you stopped smoking? _____ years old

8. Do you use any of the following types of tobacco?

- ☐ No tobacco use
- ☐ Cigars/Little cigars
- ☐ Pipes/water pipes/Hookah
- ☐ Chewing Tobacco
- ☐ Snuff
- ☐ E -Cigarettes
- ☐ Other
- ☐ Don't know, not sure

9. Have you ever drunk alcohol in your life?

☐ Yes (currently)
☐ Yes (in the past)
☐ No (never drank alcohol)

If yes,

a. How old were you when you first had a drink? _____ years old

b. Do you still drink alcohol now? ☐ Yes ☐ No

c. Have you ever consumed alcohol at least once a week for 6 months or longer?

☐ Yes ☐ No

d. For how many years have you drunk regularly, at least once a week for 6 months or longer? _____ years

Please list the number of alcoholic beverages of each type you drink in an average week.

Number of drinks in week:	**Beer (330ml)**	**Wine (240ml glass)**	**Liquor (1 shot or mixed drink, for example akptoshie – 90% alchohol)**	***Other (for example traditional beer, Umqombothi, Palm wine)**
1-2	☐	☐	☐	☐
3-5	☐	☐	☐	☐
6-10	☐	☐	☐	☐
> 10	☐	☐	☐	☐

***If Other, please describe:** _____

***If selected "Other", was it brewed/stored in metal pots or large industrial tins?**

☐ Yes ☐ No ☐ Don't know/Not sure

10. If you are not currently drinking alcohol, how old were you when you stopped drinking at least once a week for 6 months or longer? _____ years old

SECTION D: MEDICAL HISTORY

1. What is your current general health status?

☐ Excellent
☐ Very good
☐ Good
☐ Fair
☐ Poor

2. How many times have you had a routine physical exam or checkup by a health care professional in the last three years?

☐ Once
☐ Twice
☐ Three times
☐ More than three times

3. Please check the box below if you have ever been told that you have, or had, any of the following conditions. Please also provide details on any medications you were taking within the last 12 months.

	Classification:	**Taking Medication?**	**If yes, provide details of Medication**
☐	High blood sugar or diabetes	☐ Yes ☐ No ☐ Don't know	
☐	High blood pressure or hypertension	☐ Yes ☐ No ☐ Don't know	
☐	High blood cholesterol	☐ Yes ☐ No ☐ Don't know	
☐	Heart disease	☐ Yes ☐ No ☐ Don't know	
☐	Stroke	☐ Yes ☐ No ☐ Don't know	
☐	Asthma	☐ Yes ☐ No ☐ Don't know	
☐	Chronic bronchitis	☐ Yes ☐ No ☐ Don't know	
☐	HIV/AIDS	☐ Yes ☐ No ☐ Don't know	
☐	Hepatitis	☐ Yes ☐ No ☐ Don't know	
☐	Malaria	☐ Yes ☐ No ☐ Don't know	
☐	Cirrhosis	☐ Yes ☐ No ☐ Don't know	
☐	Ulcers	☐ Yes ☐ No ☐ Don't know	
☐	Thyroid disease	☐ Yes ☐ No ☐ Don't know	
☐	Rheumatoid arthritis	☐ Yes ☐ No ☐ Don't know	
☐	Chronic back pain	☐ Yes ☐ No ☐ Don't know	
☐	Kidney infection	☐ Yes ☐ No ☐ Don't know	
☐	Visible urinary bleeding	☐ Yes ☐ No ☐ Don't know	
☐	Bladder infection	☐ Yes ☐ No ☐ Don't know	
☐	Pseudomonas infection	☐ Yes ☐ No ☐ Don't know	
☐	Bilharzia (blood fluke)	☐ Yes ☐ No ☐ Don't know	
☐	Other significant illness	☐ Yes ☐ No ☐ Don't know	

If you indicated Other significant illness , please describe in more detail:

_____

_____

4. Are you circumcised?

☐ Yes
☐ No

If Yes, please provide details of when this was undertaken
☐ As an infant
☐ Other age _____

5. A vasectomy is an operation that makes a man permanently unable to get a woman pregnant. During a vasectomy, the vas deferens from each testicle is clamped, cut, or otherwise sealed.

Have you ever had a vasectomy?

☐ Yes
☐ No
☐ Don't know

If yes,

How old were you when you had a vasectomy? _____ years old

SECTION E: FOOD & COOKING

1. Over the past year, how frequently or infrequently did you eat/take the following? (For cancer cases please complete information for before your illness started).

Please check as appropriate:

	Never	1 time per month	2-3 times a month	Once a week	2-3 times per week	Every day
Meat (Mammals: Bushmeat, Beef/Cow, Ox, Goat, Sheep, Pork)						
Grilled	☐	☐	☐	☐	☐	☐
Fried	☐	☐	☐	☐	☐	☐
Smoked	☐	☐	☐	☐	☐	☐
Boiled	☐	☐	☐	☐	☐	☐
Processed	☐	☐	☐	☐	☐	☐
Other	☐	☐	☐	☐	☐	☐
If selected other, describe: _____						
Poultry (Chicken, Turkey)						
Grilled	☐	☐	☐	☐	☐	☐
Fried	☐	☐	☐	☐	☐	☐
Smoked	☐	☐	☐	☐	☐	☐
Boiled	☐	☐	☐	☐	☐	☐
Processed	☐	☐	☐	☐	☐	☐
Other	☐	☐	☐	☐	☐	☐
If selected other, describe: _____						
Fish						
Grilled	☐	☐	☐	☐	☐	☐
Fried	☐	☐	☐	☐	☐	☐
Smoked	☐	☐	☐	☐	☐	☐
Boiled	☐	☐	☐	☐	☐	☐
Processed	☐	☐	☐	☐	☐	☐
Other	☐	☐	☐	☐	☐	☐

If selected other, describe: _____						
	Never	**1 time per month**	**2-3 times a month**	**Once a week**	**2-3 times per week**	**Every day**
Soy-Based (tofu, soy beans, soy milk)	☐	☐	☐	☐	☐	☐
Dairy products (milk (liquid/powdered), cheese, yogurt, ice cream)	☐	☐	☐	☐	☐	☐
Eggs/Omelet	☐	☐	☐	☐	☐	☐
Fats (Butter, Mayonnaise, Oil)	☐	☐	☐	☐	☐	☐
Grains						
Bread	☐	☐	☐	☐	☐	☐
Porridge/oatmeal	☐	☐	☐	☐	☐	☐
Cereal paste/millet	☐	☐	☐	☐	☐	☐
Flour/baking products	☐	☐	☐	☐	☐	☐
Fataya (pound wheat)	☐	☐	☐	☐	☐	☐
Rice	☐	☐	☐	☐	☐	☐
Couscous	☐	☐	☐	☐	☐	☐
Pasta/macaroni/spaghetti	☐	☐	☐	☐	☐	☐
Corn/Maize	☐	☐	☐	☐	☐	☐
Other	☐	☐	☐	☐	☐	☐
If selected other, describe: _____						
Vegetables & Fruit						
Cassava	☐	☐	☐	☐	☐	☐
Yam	☐	☐	☐	☐	☐	☐
Plantain	☐	☐	☐	☐	☐	☐
Potato/Turnip/other root vegetables	☐	☐	☐	☐	☐	☐

	Never	1 time per month	2-3 times a month	Once a week	2-3 times per week	Every day
Tomato-Based (pizza, tomato sauce, tomato juice, tomatoes)	☐	☐	☐	☐	☐	☐
Leafy vegetable	☐	☐	☐	☐	☐	☐
Carrot/red pepper/yellow pepper	☐	☐	☐	☐	☐	☐
Eggplant	☐	☐	☐	☐	☐	☐
Garlic/Onion	☐	☐	☐	☐	☐	☐
Green vegetables (cucumber, bean/pea/petit pois/cowpeas, green pepper, okra etc)	☐	☐	☐	☐	☐	☐
Broccoli/Cauliflower	☐	☐	☐	☐	☐	☐
Other	☐	☐	☐	☐	☐	☐
If selected other, describe: _____						
Mango	☐	☐	☐	☐	☐	☐
Citrus fruits (orange, grapefruit, lemon, lime)	☐	☐	☐	☐	☐	☐
Coconut	☐	☐	☐	☐	☐	☐
Banana	☐	☐	☐	☐	☐	☐
Raisins	☐	☐	☐	☐	☐	☐
Papaya	☐	☐	☐	☐	☐	☐
Pear	☐	☐	☐	☐	☐	☐
Watermelon	☐	☐	☐	☐	☐	☐
Apple	☐	☐	☐	☐	☐	☐
Grapes	☐	☐	☐	☐	☐	☐
Other	☐	☐	☐	☐	☐	☐
If selected other, describe: _____						

Describe in greater details: _____

Sweets & sweeteners

	Never	1 time per month	2-3 times a month	Once a week	2-3 times per week	Every day
Dessert (cookies, cakes, puddings)	☐	☐	☐	☐	☐	☐
Sugar/Honey	☐	☐	☐	☐	☐	☐
Honey	☐	☐	☐	☐	☐	☐
Chocolate	☐	☐	☐	☐	☐	☐
Chocolate powder	☐	☐	☐	☐	☐	☐
Other	☐	☐	☐	☐	☐	☐

If selected other, describe: _____

Beverages (non alcoholic)

Carbonated Drinks	☐	☐	☐	☐	☐	☐
Coffee	☐	☐	☐	☐	☐	☐
Tea	☐	☐	☐	☐	☐	☐
Water	☐	☐	☐	☐	☐	☐
Other	☐	☐	☐	☐	☐	☐

If selected other, describe: _____

Vitamin/Mineral supplement

	Never	Every day	Once or twice per week	Once a week
Multivitamin with minerals (Vitamin A, C, E, B and calcium, zinc, iron)	☐	☐	☐	☐
Multivitamin without minerals	☐	☐	☐	☐
Single supplement (Vitamin A)	☐	☐	☐	☐
Single supplement (Vitamin C)	☐	☐	☐	☐
Single supplement (Vitamin E)	☐	☐	☐	☐

Stress-type supplement (high in vitamin B)	☐	☐	☐	☐
Calcium or dolomite	☐	☐	☐	☐
Iron	☐	☐	☐	☐
Zinc	☐	☐	☐	☐
Other	☐	☐	☐	☐
If selected other, describe: _____				

2. In your household where is the food you eat usually prepared?

☐ Home ☐ Outside home (purchased)

3. If the food you eat is prepared at home is it cooked? ☐ Inside ☐ Outside ☐ Both

4. What type of fuel is used in your household for cooking food?

☐ Wood
☐ Charcoal
☐ Paraffin
☐ Gas
☐ Electricity
☐ Dung
☐ Other, **please describe:** _____
☐ No Fuel

Please check as appropriate

Urinary symptoms

1. Over the past month or so, how often have you had a sensation of not emptying your bladder completely after you finished urination?

- ☐ Not at all
- ☐ Less than 1 time in 5
- ☐ Less than half the time
- ☐ About half the time
- ☐ More than half the time
- ☐ Almost always

2. Over the past month or so, how often have you had to urinate again less than two hours after you finished urinating?

- ☐ Not at all
- ☐ Less than 1 time in 5
- ☐ Less than half the time
- ☐ About half the time
- ☐ More than half the time
- ☐ Almost always

3. Over the past month or so, how often have you found that you stopped and started again several times when you urinated?

- ☐ Not at all
- ☐ Less than 1 time in 5
- ☐ Less than half the time
- ☐ About half the time
- ☐ More than half the time
- ☐ Almost always

4. Over the past month or so how often have you found it difficult to postpone urination?

- ☐ Not at all
- ☐ Less than 1 time in 5
- ☐ Less than half the time
- ☐ About half the time
- ☐ More than half the time
- ☐ Almost always

5. Over the past month, how often have you had a weak urinary stream?

- ☐ Not at all
- ☐ Less than 1 time in 5
- ☐ Less than half the time
- ☐ About half the time
- ☐ More than half the time
- ☐ Almost always

6. Please indicate from the diagram below the force of your urinary stream.

- ☐ 1-very strong
- ☐ 2-somewhat strong
- ☐ 3-moderately strong
- ☐ 4-weak
- ☐ 5-very weak

7. Over the past month, how often have you had to push or strain to begin urination?

- ☐ None
- ☐ 1 time
- ☐ 2 times
- ☐ 3 times
- ☐ 4 times
- ☐ 5 or more times

8. Over the last month, how many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in the morning?

- ☐ None
- ☐ 1 time
- ☐ 2 times
- ☐ 3 times
- ☐ 4 times
- ☐ 5 or more times

12. Over the past month, how much has stopping and starting when you urinate been a problem for you?

- ☐ No problem
- ☐ Very small problem
- ☐ Small problem
- ☐ Medium problem
- ☐ Big problem

Problems due to symptoms

9. Over the past month, how much has a sensation of not emptying your bladder been a problem for you?

- ☐ No problem
- ☐ Very small problem
- ☐ Small problem
- ☐ Medium problem
- ☐ Big problem

10. Over the past month, how much has frequent urination during the day been a problem for you?

- ☐ No problem
- ☐ Very small problem
- ☐ Small problem
- ☐ Medium problem
- ☐ Big problem

11. Over the past month, how much has getting up at night to urinate been a problem for you?

- ☐ No problem
- ☐ Very small problem
- ☐ Small problem
- ☐ Medium problem
- ☐ Big problem

13. Over the past month, how much has a need to urinate with little warning been a problem for you?

- ☐ No problem
- ☐ Very small problem
- ☐ Small problem
- ☐ Medium problem
- ☐ Big problem

14. Over the past month, how much has impaired size and force of urinary stream been a problem for you?

- ☐ No problem
- ☐ Very small problem
- ☐ Small problem
- ☐ Medium problem
- ☐ Big problem

15. Over the past month, how much has having to push or strain to begin urination been a problem for you?

- ☐ No problem
- ☐ Very small problem
- ☐ Small problem
- ☐ Medium problem
- ☐ Big problem

16. In the last week, have you experienced pain or burning during urination??

- ☐ Yes
- ☐ No

17. In the last week, have you experienced pain or discomfort during or after sexual climax (ejaculation)?

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

18. Do you have difficulty becoming or staying erect?

- ☐ Yes
- ☐ No

19. Have you experienced pain when ejaculating?

- ☐ Yes
- ☐ No

20. Have you had visible blood in your ejaculate fluid/is your ejaculation pink in color?

- ☐ Yes
- ☐ No

SCREENING

1. Have you ever had a blood test to check if your prostate gland is healthy? This is called a Prostate Specific Antigen (PSA) test.

☐ Yes
☐ No
☐ Don't know

If yes,

a. What was the date of your first PSA test? _____/_____/_____
(Month/Day/Year)

b. Why did you undergo that test?

_____

c. What was the date of your last PSA test? _____/_____/_____
(Month/Day/Year)

d. What was the result of your last PSA test?
☐ Normal ☐ Abnormal ☐ Don't know

e. How many PSA tests have you undergone?
☐ 1-2 ☐ 3-4 ☐ 5 or more

2. Have you ever had a digital rectal examination (DRE)? This is an exam where a doctor inserts his finger into your bottom to feel your prostate gland.

☐ Yes
☐ No
☐ Don't know

If yes,

a. What was the date of your last DRE? _____/_____/_____
(Month/Day/Year)

b. What did your doctor tell you about your last DRE?
☐ Normal ☐ Abnormal ☐ Don't know

c. How many DRE tests have you undergone?
☐ 1-2 ☐ 3-4 ☐ 5 or more

3. Have you been told you have problems with your prostate?

- ☐ Yes
- ☐ No
- ☐ Don't know

If yes,

What was the problem?

_____

_____

_____

4. Have you had any urinary tract infections?

- ☐ Yes
- ☐ No
- ☐ Don't know

If yes,

Please indicate if you have had any of the following:

- ☐ Gonorrhea
- ☐ Syphilis
- ☐ Herpes
- ☐ Other

If you indicated other, please describe

_____

_____

_____

5. Has a doctor ever said that you had an inflammation of the prostate or prostatitis?

- ☐ Yes
- ☐ No
- ☐ Don't know

If yes,

How old were you when you were told this? _____ years old

6. Has a doctor told you that you had an enlargement of your prostate or benign prostatic hyperplasia (BPH)?

☐ Yes
☐ No
☐ Don't know

If yes,

a. How old were you when you were told this? _____ years old

b. Have you ever been treated for BPH?

☐ Yes
☐ No
☐ Don't know

c. If you indicated yes, please select the type(s) of treatment you received:

☐ **Surgery**

☐ Transurethral resection of the prostate (TURP)
Date of the procedure? _____/_____/_____
(Day/Month/Year)

☐ Open simply prostatectomy
Date of the procedure? _____/_____/_____
(Day/Month/Year)

☐ **Oral prescriptive medication**

☐ Finasteride (Proscar)
☐ Dutasteride (Avodart)
☐ Flomax (Tamsulosin)
☐ Tadalafil (Cialis)
☐ Doxazosin (Cardura)
☐ Silodosin (Rapaflo)
☐ Alfuzosin (Uroxatral)
☐ Terazosin (Hytrin)
☐ Prazosin (Minipress)

☐ **Other**

If you indicated other, please describe

_____

_____

_____

☐ **Don't know**

SECTION G: FAMILY HISTORY

Instructions: *Please check the appropriate box to answer questions about your family members. Include half-brothers and relatives who have died. Do not include relatives who were adopted into the family.*

1. Were you adopted? ☐ Yes ☐ No

If no please only answer the following questions if known about your biological relatives.

2. Was your father ever diagnosed with prostate cancer? ☐ Yes ☐ No ☐ Don't know

If yes,

How old was he when diagnosed? _____ **Years** ☐ **Don't know**

3. How many brothers do you have? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ >10

4. How many brothers are full (share the same biological parents), half (share the biological mother or father), step or adopted (do not share either parent biologically)?

Full ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ >10

Half ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ >10

Step ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ >10

Adopted ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ >10

5. Were any of your biologically-related brothers ever diagnosed with prostate cancer?

☐ Yes
☐ No
☐ Don't know

***If yes*,**

How many? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ >10 ☐ Unsure

How many are full siblings? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ >10 ☐ Unsure

How many are half siblings? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ >10 ☐ Unsure

How many were diagnosed before age 60?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ >10 ☐ Unsure

***If any* diagnosed before age 60, how many are full siblings?**

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ >10 ☐ Unsure

6. How many daughters do you have? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ >10

7. How many sons do you have? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ >10

8. Were any of your sons ever diagnosed with prostate cancer?

☐ Yes
☐ No
☐ Don't know

***If yes*,**

How many? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ >10 ☐ Unsure

How many were diagnosed before age 60?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ >10 ☐ Unsure

IF you are a control for this study you can stop here. Thanks for taking the time to complete this survey!

SECTION H: CANCER DIAGNOSIS *TO BE COMPLETED BY CASES*

1. Did you have any biopsies or surgeries of your prostate before the biopsy that showed prostate cancer?

- ☐ Yes
- ☐ No
- ☐ Don't know

If yes, please check the procedure(s) you had and list the dates below.

PROCEDURE NAME	DATE OF PROCEDURE	AGE
☐ Biopsy	_____/ _____/ _____ (Day/Month/Year)	_____ yrs
☐ Transurethral resection of the prostate (TURP)	_____/ _____/ _____ (Day/Month/Year)	_____ yrs

2. If you have been diagnosed with prostate cancer

a. What were the first indications that you had prostate cancer?

- ☐ Abnormal Prostate Specific Antigen (PSA) blood test
- ☐ Abnormal Digital Rectal Examination (DRE)
- ☐ Symptoms (e.g. difficulty urinating, blood in the urine, abdominal or groin pain)
- ☐ Identified incidentally from other procedures done in the prostate
- ☐ Don't know

b. If you had any biopsies or surgeries before the biopsy that showed cancer how old were you when they were undertaken? _____ years old

c. How old were you when prostate cancer was diagnosed? _____ years old

d. What treatment have you undergone for prostate cancer? Please describe below:

PROCEDURE NAME	DATE OF PROCEDURE	PLACE OF TREATMENT
☐ Radial prosectomy/prostatectomy (i.e. entire prostate gland removal by surgery)	_____/ _____ (Month/Year)	_____
☐ Hormone shots (eg. Lupron or other anti-androgens)	_____/ _____ (Month/Year)	_____
☐ Radiation therapy/Proton therapy (external beam)	_____/ _____ (Month/Year)	_____
☐ Radiation seeds (internal)	_____/ _____ (Month/Year)	_____
☐ Orchiectomy (testicles removed by surgery)	_____/ _____ (Month/Year)	_____
☐ Active surveillance (watchful waiting)		
☐ No treatment		
☐ Don't know		

Other, **please describe:** _____

_____

e. Have you received traditional medicine for treatment?

☐ Yes
☐ No

If yes,

Please provide details: _____

_____

_____

Thank you for your time and cooperation completing this survey.